

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-018499

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

548

Registrar's No.

1245

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Registration District No.

317

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548

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1245

STATE FILE NUMBER

FILED MAY 3 1963

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Webster Groves

Length of stay in 1b

YRS.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 519 Fairview

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY

OR TOWN

Webster Groves

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

519 Fairview

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last MGRDICH EPHREM ERGANIAN

4. DATE OF DEATH

Month Day Year April 12, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

5-14-1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Const. Supt. - Retired

10b. KIND OF BUSINESS OR INDUSTRY

Bank Bldg. Equip. Co.

11. BIRTHPLACE (City and state or country)

Tribzon Armenia

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ephrem Erganian

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Arpen Erganian

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

0

17. INFORMANT

Alex Erganian

Address

Palatine Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Several hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerotic Heart Disease

10 years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Ventricular Premature - Contractions arrhythmia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

s.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to 1963 and last saw him alive on April 6, 1963

Death occurred at 1:15 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Grant Imurban MD

22b. ADDRESS

7961 Big Bend Webster Groves

22c. DATE SIGNED

4-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-15-1963

23c. NAME OF CEMETERY OR CREMATORY

Sunset Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

24. FUNERAL DIRECTOR

ADDRESS

Parker-Aldrich Webster Groves Mo.

25. DATE RECD. BY LOCAL REG.

4-15-63

26. REGISTRAR'S SIGNATURE

John B. Murphy Jr

(Licensed Embalmer's Statement on Reverse Side)

about 10

10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

about 10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4395

P. O. Address Webster Groves Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.